

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	18-0030
Date:	3-2-18
Amount Paid:	\$100 2-19-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Michael & Mary D'Amore	Mailing Address: PO Box 10	City/State/Zip: Cable WI. 54821	Telephone: 715 794 2949
Address of Property: 24330 County Hwy M	City/State/Zip: Cable WI. 54821		Cell Phone: 715 690 9432
Contractor: Wade Spears	Contractor Phone: 715 739 6696	Plumber: Andy Rasmussen	Plumber Phone: 715 798 3355
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION NW 1/4, 1/4	Legal Description: (Use Tax Statement) NW 1/4, 1/4	Tax ID# 24846	Recorded Document: (i.e. Property Ownership) Michael & Mary E D'Amore
Gov't Lot 1	Lot(s) 1	CSM 1052	Vol & Page 34164
Section 24	Township 43	N, Range 06	W
Town of: NAMAKAGON		Lot Size 175 X 215.9	Acreage 1.03

<input type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline : 95 feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline : feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$40,000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Existing	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Conventional</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)				<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 48	Width: 32	Height: 30
Proposed Construction:	Length: 48	Width: 10	Height: 18

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	<input checked="" type="checkbox"/>	with Loft	(X)	
	<input checked="" type="checkbox"/>	with a Porch	(11 X 23)	253
	<input checked="" type="checkbox"/>	with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use	<input checked="" type="checkbox"/>	with a Deck	(10 X 12)	120
	<input checked="" type="checkbox"/>	with (2nd) Deck	(10 X 12)	120
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>2 Bump out @ 2x10'</u>	(2 X 11)	42
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Michael & Mary D'Amore
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 2/15/2018

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit PO. Box 10 Cable WI. 54821

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached
Plan & Location

PRIVATE ROAD 2 Rod Right of Way ROAD EASMENT

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	91 Feet	Setback from the Lake (ordinary high-water mark)	95 Feet
Setback from the Established Right-of-Way	58 Feet	Setback from the River, Stream, Creek	Feet
EASMENT		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	31 Feet		
Setback from the South Lot Line	100 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	95 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	91 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	25 Feet	Setback to Well	15 Feet
Setback to Drain Field	125 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

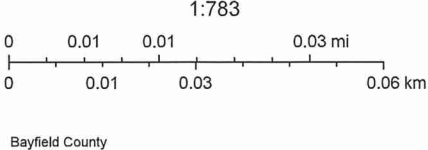
Issuance Information (County Use Only)		Sanitary Number: 16-455	# of bedrooms: 3	Sanitary Date: 6-9-16
Permit Denied (Date):		Reason for Denial:		
Permit #: 18-0030		Permit Date: 3-2-18		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> No
Inspection Record: 50 ft Veg to lake/Veg Side/Natural Toned colors/No other structures in setback to H2O/ - Act 55- used all lands across road lot #4			Zoning District (R-1) Lakes Classification ()	
Date of Inspection: 2/26/18		Inspected by: A. Peller		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.) CONTACT UDC about need for inspections, Build as proposed Keep & Maintain Vegetated Shoreland & Side yards				
Signature of Inspector: A. Peller				Date of Approval: 2/28/18
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

Bayfield County Web AppBuilder



February 23, 2018

- | | | | |
|--------------------|--------------|--------------------|---------------|
| Buildings | Survey Maps | Private | Override 1 |
| Building Footprint | Recorded Map | Municipal Boundary | Meander Lines |
| All Roads | County | Section Lines | Rivers |



City, village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **16-45S**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0030** Issued To: **Michael & Mary D'Andrea**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **24** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot Lot **1** Block Subdivision CSM# **1052**

For: **Residential Addition / Alteration: [1- Story; Bump-out (2' x 11') (2' x 11') = 44 sq. ft.;
Decks (10' x 12') = 240 sq. ft.; Porch (11' x 23') = 253 sq. ft.]**
Total Overall = 537 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Contact UDC about need for inspections, build as proposed, keep and maintain vegetated shoreland and side yards.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

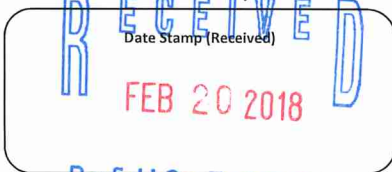
March 2, 2018

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	18-0036
Date:	3-5-18
Amount Paid:	\$12840 2-21-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: MICHAEL D HAUSEN CLAUDIA BATTAINO	Mailing Address: 946 WILD ROSE COURT	City/State/Zip: Egan, mn 55123	Telephone: 6513404910
Address of Property: 44945 Chicago Ave	City/State/Zip: CABLE, WI 54821	Cell Phone: 612598308	
Contractor: Tom Letke - Northfolk	Contractor Phone: 406451-1468	Plumber: Dennis Rasmussen	Plumber Phone: 715 798 3355
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 34785	Recorded Document: (i.e. Property Ownership) 04-034-2-43-06-10 00-182-31100
1/4, 1/4	Gov't Lot	Lot(s) 1	CSM 1580
		Vol & Page 9-246	Lot(s) No. 133
		Block(s) No. 8	Subdivision: Gottland Resort
Section 10, Township 43 N, Range 6 W	Town of: NAMAKAGON	Lot Size 47,325 SFT	Acreage 1.08

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 85 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$42,800	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> CRAWL SPACE	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Holding TANK	
	<input type="checkbox"/> Relocate (existing bldg)		<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 47'2"	Width: 40'4"	Height: 13"
Proposed Construction:	Length: 19'	Width: 23'9"	Height: 13"

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input checked="" type="checkbox"/>	Addition/Alteration (specify) Add 3RD Bedroom / 2nd Bath	19' 23'9"	428
	<input type="checkbox"/>	Accessory Building (specify)	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	(X)	
	<input type="checkbox"/>			
	<input type="checkbox"/>	Special Use: (explain)	(X)	
	<input type="checkbox"/>	Conditional Use: (explain)	(X)	
	<input type="checkbox"/>	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Michael Hausen Claudia Battaino Date 2/16/2018
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

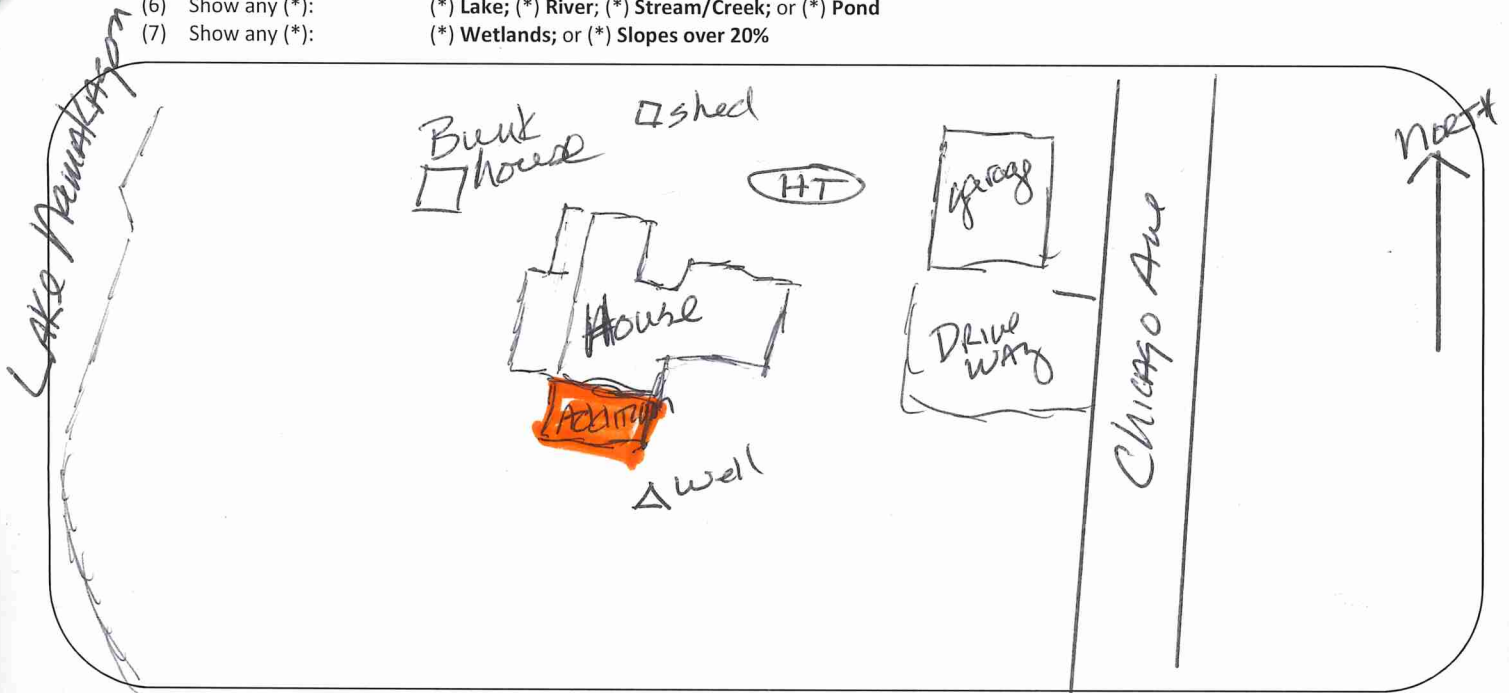
Address to send permit _____
Attachment
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

MISSING COST OF CONSTRUCTION

HOW: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	113 Feet	Setback from the Lake (ordinary high-water mark)	85 Feet
Setback from the Established Right-of-Way	103 Ft Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	33 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	120 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	85 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	87 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	27 Feet	Setback to Well	25 Feet
Setback to Drain Field	n/a Feet		
Setback to Privy (Portable, Composting)	n/a Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 31771	# of bedrooms: 3	Sanitary Date: 10-4-82	
Permit Denied (Date):		Reason for Denial:			
Permit #: 18-0036		Permit Date: 3-5-18			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: Bank House existed BY Zoning, site staked (9x12)				Zoning District (R-1) Lakes Classification (1)	
Date of Inspection: 2/26/18		Inspected by: A. Pooler		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)					
Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.					
Signature of Inspector: A. Pooler		Date of Approval: 2/28/18			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	

Village, State or Federal
Also Be Required

USE - **X**

ARY - **31771 (10/4/1982)**

IGN -

SPECIAL -

CONDITIONAL -

BOA -

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0036** Issued To: **Michael Haugen & Claudia Battaino**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **10** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot Lot **1** Block Subdivision CSM# **1582**

For: **Residential Addition / Alteration: [1- Story; Bedroom/Bathroom (19' x 23.9') = 428 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

March 5, 2018

Date